



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 1505

SERIAL NUMBER 10/718,248	FILING OR 371(c) DATE 11/20/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 31685-704.502
<b>APPLICANTS</b> Daniel John DiLorenzo, Ft. Washington, MD;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/008,576 11/11/2001 PAT 6,819,956 which is a CIP of 09/340,326 06/25/1999 PAT 6,366,813 and claims benefit of 60/095,413 08/05/1998 This application 10/718,248 claims benefit of 60/427,699 11/20/2002 and claims benefit of 60/436,792 12/27/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** SMALL ENTITY ** ** 06/22/2004				
Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 38	TOTAL CLAIMS 194
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			INDEPENDENT CLAIMS 14
Verified and Acknowledged	Examiner's Signature	Initials		
<b>ADDRESS</b> 66854				
<b>TITLE</b> APPARATUS AND METHOD FOR CLOSED-LOOP INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL OF NEUROLOGICAL DISEASE				
FILING FEE RECEIVED 2789	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		